IAKID - PEE(S) IKAHSHIIIIAE omplete and send this form, together y applicable fee(s), to: Mail Mail Stop IS FEE Commissioner or Patents MAY 2 7 2005 P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (703) 746-4000 INTRUCTIONS: Bis form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate the part of the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must 30040 7590 04/14/2005 have its own certificate of mailing or transmission. MICHAEL A. SHIPPEY, PH. D. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. **4848 LAKEVIEW AVENUE** SUITE B YORBA LINDA, CA 92886 05/31/2005 GWORDOF2 00000034 10652818 Shippey (Depositor's name) 01 FC:2501 02 FC:1504 700.00 OP (Signature 300.00 OP (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/652,818 08/29/2003 **Brian Puckett** 191.01.02-P-USA S067 TITLE OF INVENTION: FLASHLIGHT SYSTEM APPLN. TYPE **SMALL ENTITY** ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE YES \$700 nonprovisional \$300 \$1000 07/14/2005 EXAMINER ART UNIT CLASS-SUBCLASS TSO, LAURA K 2875 362-202000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Michael A. Shippey (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Law Offices of (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 2Karla Shippey "Fee Address" indication (or "Fee Address" Indication form 800-693-9110 PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number ______ (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Michael A. Shippey

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